CLAIMS

REDUCED COSTS AND GREATER AGILITY

Visiant's Claims solution can help transform a health plan's claims operations by dramatically increasing processing efficiencies and agility. It delivers a high rate of auto-adjudication through automated claims administration that is achieved in an easily configured, low maintenance delivery model designed to reduce claim errors, administrative expense, and IT expense while maximizing flexibility.

The Visiant Claims solution supports Medicare, Medicaid and Commercial lines of business. It has allowed some of the nation's largest health plans to significantly reduce total cost of ownership.

MAXIMUM FLEXIBILITY

Visiant Claims' flexible design can support your ability to meet changing processing requirements and support long-term success. It can be seamlessly integrated with any third-party solution or legacy system — and can be automatically upgraded with little additional effort as updates become available.

As market demands and business needs evolve, you can easily configure the system with minimal changes to the source code. This flexibility allows you to update existing plans, products, and provider entities (including groups, networks, and IPAs) yourself, significantly reducing maintenance costs.

LOW MAINTENANCE, MAXIMUM BENEFITS

- Establish and maintain benefit categories and plans, payment system rules, and provider contracts
- Enables integration and implementation in a rapid timeframe to be able to realize reduction in total operating costs in an accelerated manner
- Enroll members and determine member coverage based on benefit plans and dependent eligibility
- Establish and maintain facility/professional data according to a defined hierarchy that includes network, facility, group or network, clinic or office, and individual physician
- Administer authorization and referrals against claims — including member and/or providers of the decision (approve, pend, or deny) for each authorization request
- Accept claims via EDI or paper and adjudicate them either manually or systematically
- Administer claims reimbursement based on standard or customized reimbursement rules
- Maintain system codes, such as service codes, diagnostic codes, benefit categories, and other internal codes (a set of predefined, industry standard codes is included)
- Create reports and letters based on processed claims using pre-formatted reports and letters
- Support delivery excellence in service operations for members or providers

REALIZE MAXIMUM VALUE

Visiant is a resource for Medicare Advantage, Medicaid and commercial health plans and providers looking to maximize opportunities in competitive healthcare markets. Our proven solutions help manage costs, improve agility and increase stakeholder satisfaction for all lines of business.

ADMINISTRATIVE SERVICES:

- Enrollment, claims, and billing
- Contact center capabilities
- Provider payments

PORTFOLIO MANAGEMENT:

- Member sales and marketing strategy
- Sales and marketing activities
- Product design and bid-related activities

COMPLIANCE:

- Legislative and regulatory tracking
- CMS mandated member/provider communications
- Audit support

RISK ADJUSTMENT & QUALITY:

- Prospective and retrospective provider-centric programs
- RAPS/EDPS data submissions
- Robust online reporting and dashboards
- Data-driven Star rating and HEDIS performance analysis

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VISIANT™